

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

57 0 2 3 0 8 7
STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1366

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lemay 23		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St. Joseph's Hos		Length of stay in lb 3 wks		d. STREET ADDRESS 257a Pardella Av		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Karmen G. Johner				4. DATE OF DEATH Month May Day 26 Year 1957			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 31, 1939	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoe salesman		10b. KIND OF BUSINESS OR INDUSTRY Burts Shoe		11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Johner				14. MOTHER'S MAIDEN NAME Mabel Schaper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 495-40-0650		17. INFORMANT Frank Johner, 257a Pardella Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Alumina DUE TO (b) Chronic Glomerulonephritis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 3 months 4 yrs.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY: Hour _____, a. m. _____, p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5/8/57 to 5/26/57 and last saw him alive on May 26/1957 Death occurred at 8:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles R. Burdick M.D.				22b. ADDRESS 206 N. Clay Parkwood		22c. DATE SIGNED 5/29/57	
23a. BURIAL, CREMATION, REMOVAL (Indicate) burial		23b. DATE 5/31/57		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Lemay 23, Mo.	
24. FUNERAL DIRECTOR Fendler Und. Co., 7420 Michigan		ADDRESS		25. DATE RECD. BY LOCAL REG. 5-29-57		26. REGISTRAR'S SIGNATURE Herbert B. Donahue	

Dr C. Burnside
406 Clay - Kirkwood
Wed 9-12 - 3-41

Dr. Burnside

Kirkwood

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *37*

P. O. Address *7420 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.